

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------|---------|
| FEE DETERMINATION | <i>MR</i> | 76331 | |
| O.I.P.E. CLASSIFIER | | 49 | 11/1/99 |
| FORMALITY REVIEW | | 71471 | 11/9 |

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY If more than 150 claims or 10 actions
staple additional sheet here

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